

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09532263 | FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5			1			
6						
7						
8		1	1			
9			1			
10						
11	2		2			
12		1				
13						
14		1				
15						
16						
17	1					
18						
19		1				
20						
21		1				
22						
23						
24		1				
25						
26	1					
27						
28		1				
29	2					
30						
31		1				
32			1			
33			1			
34			1			
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48						
49						
50						
TOTAL IND.	5		2			
TOTAL DEP.	18	↓	9	↓	↓	↓
TOTAL CLAIMS	23		11			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓		↓	↓	↓
TOTAL CLAIMS						